

Pursuant to Rule 3007-1 of the local rules of the United States Bankruptcy Court for the Eastern district of Virginia, the following response and request for a hearing with regard to Omnibus Objection, if necessary, to my claim # 2470 as a creditor against Circuit City bankruptcy for joint continuance of monthly retirement pension of \$316.87 until my death. Also, part of the creditor monthly claim of \$158.44 to include 50% Spouse survivor Annuity if living to be paid to my spouse, Barbara A Koesel after my death.

CAPTION / RESPONSE

A1) United States Bankruptcy Court; 201 East Broad Street-Room 4000;Richmond, VA 23219.

A2) Debtor: Circuit City Stores Inc. et al.

A3) Case # 08-35653-KRH; Docket# 2881.

A4) Response to Debtors: Eleventh omnibus Objection to certain Qualified Pension Plan and 401k claims,Docket#2881 to disallow and / or modify certain claims, including my claim#2470.

B. Claimant: Robert F. Koesel. Claimant explanation; for continuous monthly pension in the amount of \$316.87 due claimant per Retirement Plan of Circuit City Stores, Inc. This pension amount is effective July 2002 to be paid monthly until my death and has been paid since July 2002.

C and E) Attachments: statement to support Response to claim by Barbara A.Koesel, spouse @ 11261 Scenic View Lane; Orlando, FL 32821; (407) 238-9117.

D) Attachment: copies of documentation issued by Circuit City regarding Retirement Plan (pension) showing Robert F.Koesel as participant beginning July 2002.

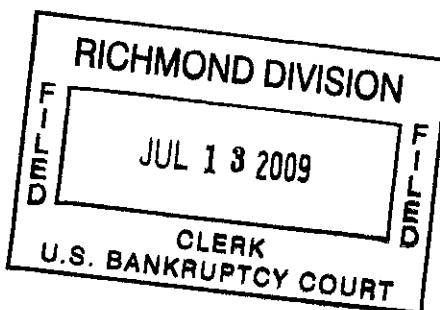
F) Claimant information for Reply: Robert F. Koesel, 11261 Scenic View Lane, Orlando, FL 32821; (407) 238-9117.

Signature:

Robert F. Koesel

Date:

7/9/2009



C and E) Attachment to support response to Bankruptcy Court overrule Omnibus Objection:

As Robert Koesel's spouse, I support my husbands response to overrule Omnibus Objection due to our dependence and good faith expectation of Circuit City Retirement Plan. He was a Circuit City employee for 13 years.

Signature: *Barbara A. Koesel*

Date: *7/9/09*

(1)

**Memorandum
Circuit City Stores, Inc.**

To: Robert Koesel
285-36-0065

June 14, 2002

From: Administrative Committee of the Retirement Plan of Circuit City Stores, Inc.

Subject: Authorization of Early Retirement Benefit

The Administrative Committee hereby authorizes commencement of your Early Retirement Benefit effective July 1, 2002 under the Retirement Plan of Circuit City Stores, Inc.

You elected to receive a monthly benefit in the form of the Joint and 50% Spouse's Survivor Annuity method of payment. You will receive a monthly benefit of \$316.87 for the remainder of your lifetime. Upon your death, your present spouse, if still living, will receive \$158.44 for the remainder of her lifetime.

Mary C. Gill
Mary C. Gill

6/14/02
Date

Jeffrey S. Wells
Jeffrey S. Wells

6/17/02
Date

(D)

RETIREMENT PLAN OF
CIRCUIT CITY STORES, INC.
RETIREMENT PLAN ELECTION FORMS
Page One

RECEIVED
JUN 11 2002
IN BENEFITS

INSTRUCTIONS: Please complete this form and return it to the Administrative Committee. If you do not complete and return this form, your retirement benefits under the Plan will be paid in the applicable automatic form. You must complete Page 4 of this form if you are married and you do not elect the Qualified Joint and Survivor Annuity form of benefit (Automatic Form #2)

NAME: Robert Koesel
SOC. SEC. NO.: 285-36-0065

DATE: June 3, 2002

The benefit amounts shown on this form were calculated based on the following information. Please notify the Administrative Committee if any information is not correct.

Date of Birth:	September 21, 1943
Spouse's Date of Birth	January 22, 1935
Date of Employment:	April 17, 1989
Date of Termination:	June 1, 2002
Normal Retirement Date:	October 1, 2008
Date of Benefit Commencement:	July 1, 2002
Highest Average Earnings Used to Calculate Benefits:	\$47,377.22

To the Administrative Committee:

I have read the Explanation of Qualified Joint and Survivor Annuity Form of Retirement Benefits and I understand the effect of an election to receive this form of benefit payment. I hereby certify that I am (check one):

Presently legally married, and to the best of my knowledge, will be on the Date of Benefit Commencement shown above;

OR

Not presently legally married, and to the best of my knowledge, will not be on the Date of Benefit Commencement shown above.

JUN 11 2002

Page Two

IN BENEFITS

Name: Robert F. Koesel

285-36-0065

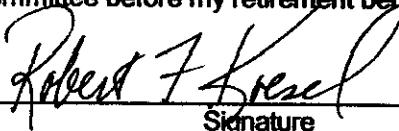
I hereby elect to receive my retirement benefits from the Plan upon my retirement in the form indicated below:

<u>Automatic Forms</u>	<u>Monthly Benefit Amount</u>
<input type="checkbox"/> Automatic Form #1 Straight Life Annuity: Applies to unmarried participants only; however, married participants may elect this option with spousal consent. If you are unmarried at the time your monthly payment begins, your benefit will be in the form of a monthly payment payable during your lifetime. Once you die, no other benefits are payable from the plan. This form will provide the highest life-time monthly payments under the plan.	\$333.20

<input checked="" type="checkbox"/> Automatic Form #2- Joint and 50% Spouse's Survivor Annuity: Applies to married members only. If you are married at the time your monthly payment begins, your benefit will be paid during your lifetime. Your benefit will be less than that payable under Automatic Form #1. When you die, your spouse (if still living) will receive a monthly payment for life equal to $\frac{1}{2}$ of the amount that you had been receiving. "Spouse" means the person legally married to you at the time your benefits begin. If you do not elect this Automatic Form of benefit, you must complete page 4 of this form.	\$316.87
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<u>Optional Forms</u>	<u>Monthly Benefit Amount</u>
<input type="checkbox"/> OPTION #1- Period Certain and Continuous Option: This is a monthly benefit payable for your lifetime with a guaranteed number of payments. If you die before receiving all guaranteed payments, the remaining payments will be paid to your beneficiary. Under this method, the following are possible choices (select one):	
<input type="checkbox"/> Payments for life with <u>60</u> guaranteed payments.....	\$328.90
<input type="checkbox"/> Payments for life with <u>120</u> guaranteed payments.....	\$317.54
<input type="checkbox"/> Payments for life with <u>180</u> guaranteed payments.....	\$302.11
<input type="checkbox"/> OPTION #2- Joint and Last Survivor Option: This is a monthly benefit payable for your lifetime. Once you die, the amount you received or 1/2 of the amount (as selected by you) will be paid to your beneficiary for life. You may have this benefit paid to someone other than your spouse. However, if your beneficiary dies before you retire, your benefits will be paid under the applicable automatic form. If your beneficiary dies once payments to you have begun, no other beneficiary can be named. Under this method, the following are possible choices (select one):	
<input type="checkbox"/> Joint and $\frac{1}{2}$ Survivor	
<input type="checkbox"/> Joint and Full Survivor	

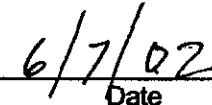
This election revokes and rescinds any previous election that I may have made concerning my retirement benefits under the Plan. This election shall remain in effect unless it is superseded by another election filed with the Administrative Committee before my retirement benefits begin.



Signature



Your Full Name Printed



Date

D

RETIREMENT PLAN OF CIRCUIT CITY STORES, INC.
FEDERAL AND STATE TAX WITHHOLDING STATEMENT

RECEIVED

JUN 11 2002

IN BENEFITS

To: Robert F. Koesel

June 3, 2002

285-36-0065

From: Retirement Plan Administrative Committee

First Union National Bank, the Trustee of the Retirement Plan, is required by law to withhold Income Taxes from distributions made from the Plan, unless you elect not to withhold. Even if you elect not to have Income Taxes withheld, you are liable for the payment of taxes on your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholdings, if any, are not adequate.

Please let us know your preference by checking the appropriate box, signing, and returning this form.

Federal Tax Withholding:

I do not want Federal Income Tax withheld from my monthly benefits.

Yes, I do want Federal Income Tax withheld from my monthly benefits based on the following:
1. An amount determined as if I were a [] single [] married individual claiming 3 withholding allowances.
2. A flat amount of \$ _____ from each monthly payment.

State Tax Withholding:

I do not want State Income Tax withheld from my monthly benefits.

Yes, I do want State Income Tax withheld from my monthly benefits based on the following:
1. An amount determined as if I were a [] single [] married individual claiming _____ withholding allowances.
2. A flat amount of \$ _____ from each monthly payment.

The election to have or not to have withholding apply is prospective only, and any election made after a distribution to the payee is not an election with respect to that distribution.

If you have any questions, please contact the Home Office in Richmond at (804) 527-4000, ext. 2203.

In addition to my election above, I acknowledge that I have received and read a copy of the "Notice Concerning Income Tax Treatment of Plan Distributions."


Signature

ROBERT FRANK KOESEL
Full Name Printed

6/7/02
Date

RECEIVED

RETIREMENT PLAN OF CIRCUIT CITY STORES, INC. JUN 11 2002
APPLICATION FOR RETIREMENT

IN BENEFITS

As a participant in the Retirement Plan of Circuit City Stores, Inc., I hereby request commencement of S Retirement benefit payments under the provisions of the Plan and certify the following:

Full Name: Robert F. Koesel

Social Security No.: 285-36-0065

Date of Termination: June 1, 2002

Date of Benefit Commencement: July 1, 2002

Payment Disposition:
(Choose One)

Direct Deposit

Home Address

Please deposit my monthly retirement income checks in the following account:

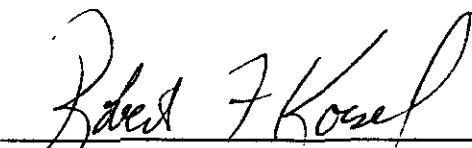
(Attach a voided check here)

Please send my monthly retirement income checks to the following address:

11261 Scenic View Lane
Orlando FL 32821

I understand the following:

1. It is my responsibility to notify the Retirement Plan Administrative Committee of any changes in my address, and that failure to do so might cause delay in the payment of my benefits.
2. My right to a monthly retirement income continues to be subject to provisions and limitations or restrictions of the Retirement Plan of Circuit City Stores, Inc.


Signature

6/7/02
Date